

COMMITTEE'S REPORT

(Filed by committees that support or oppose one or more candidates and/or propositions and that are not candidate committees)

1. Full Name and Address of Political Committee

SAVE OUR SLIDELL MEMORIAL HOSPITAL
P.O. BOX 3175
SLIDELL, LA 70459

OFFICE USE ONLY

PAC
Cm
2/13

0601279

2. Date of Primary

N/A

This report covers from _____ through _____

3. Type of Report:

____ 180th day prior to primary ____ 40th day after general
____ 90th day prior to primary ☒ Annual
____ 30th day prior to primary ____ Monthly
____ 10th day prior to primary
____ 10th day prior to general ____ Amendment to prior report

Missing numbered pages were blank and had no information on them.

4. All Committee Officers (including Chairperson, Treasurer, if any, and any other committee officers)

a. Name	b. Position	c. Address
JIM TOWLER	Chairperson	PO BOX 3175 SLIDELL, LA 70459
ETED ACCOIN	Treasurer	105 WHIMBY DR SLIDELL, LA 70461

5. Candidates or Propositions the Committee is Supporting or Opposing (use additional sheets if necessary)

a. Name & Address of Candidate/Description of Proposition	b. Office Sought	c. Political Party	d. Support/Oppose
NONE			

6. Is the Committee supporting the entire ticket of a political party? Yes _____ No _____ If "yes", which party? N/A

7. a. Name of Person Preparing Report JIM TOWLER

b. Daytime Telephone (985) 639-0217

8. WE HEREBY CERTIFY that the information contained in this report and the attached schedules is true and correct to the best of our knowledge, information and belief, and that no expenditures have been made nor contributions received that have not been reported herein, and that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted.

This 10th day of FEB 2006


Signature of Committee Chairperson

(985) 639-0217
Daytime Telephone


Signature of Committee Treasurer, if any

(985) 641-8104
Daytime Telephone

SUMMARY PAGE

RECEIPTS	This Period
1. Contributions Received (Schedule A-1)	NONE
2. In-kind Contributions Received (Schedule A-2)	NONE
3. Campaign paraphernalia sales of \$25 or less	NONE
4. TOTAL CONTRIBUTIONS (Lines 1 + 2 + 3)	NONE
5. Other Receipts (Schedule A-3)	NONE
6. Loans Received (Schedule B)	NONE
7. Loan Repayments Received (Schedule D)	NONE
8. TOTAL RECEIPTS (Lines 4 + 5 + 6 + 7)	NONE

DISBURSEMENTS	This Period
9. General Expenditures (Schedule E-1)	NONE
10. In-Kind Expenditures (Schedule E-2)	NONE
11. Contributions made to Candidates (Schedule E-3)	NONE
12. TOTAL EXPENDITURES (Lines 9 + 10 + 11)	NONE
13. Other Disbursements (Schedule E-4)	\$405.00
14. Loan Repayments Made (Schedule B)	NONE
15. Funds Loaned (Schedule D)	NONE
16. TOTAL DISBURSEMENTS (Lines 12 + 13 + 14 + 15)	\$405.00

FINANCIAL SUMMARY	Amount
17. Funds on hand at beginning of reporting period (Must equal funds on hand at close from last report or -0- if first report for this committee)	OF 1406.44 \$1,406.44
18. Plus total receipts this period (less in-kind contributions received) (Line 8 above minus line 2 above)	NONE
19. Less total disbursements this period (less in-kind expenditures) (Line 16 above minus line 10 above)	\$405.00
20. Funds on hand at close of reporting period	\$1,001.44

SCHEDULE E-4: OTHER DISBURSEMENTS

This schedule is used to report those disbursements that are not "expenditures"; that is, monies paid by the committee that are not paid for the purpose of supporting, opposing or otherwise influencing the nomination or election of a candidate to public office or supporting or opposing a proposition or question submitted to the voters. Examples include the payment of taxes or the refund of contributions. Disbursements should be reported on this schedule only if they have not been reported elsewhere in this report. The explanation of the disbursement should state the reason the payment was made by the committee.

1. Name and Address of Recipient	2. Date	3. Explanation	4. Amount
SLIDELL MEMORIAL HOSPITAL EMPLOYEE'S BENEVOLENT FUND 1001 GAUSE BLVD SLIDELL, LA 70458	10-05-05	TO HELP THE EMPLOYEES WHO LOST THEIR HOMES TO KATRINA	\$400.00
LA SECT OF STATE BATON ROUGE, LA		ANNUAL REPORT	\$5.00
5. Total OTHER DISBURSEMENTS during this reporting period			\$405.00

Form 202, Rev. 3/08, Page Rev. 3/08